

US APPLICATION NO. (If known, see 37 CFR 1.55)		INTERNATIONAL APPLICATION NO.		ATTORNEY'S DOCKET NUMBER	
097/857205		PCT/EP99/10262		P66760US0	
17. <input checked="" type="checkbox"/> The following fees are submitted: Basic National Fee (37 CFR 1.492(a)(1)-(5)): Internat'l. prelim. examination fee paid to USPTO (37 CFR 1.492 (a) (1)) . . \$690.00 No international preliminary examination fee paid to USPTO (37 CFR 1.492 (a) (2)) but international search fee paid to USPTO (37 CFR 1.445(a)(2)) . . \$710.00 Neither international preliminary examination fee (37 CFR 1.492 (a) (3)) nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO) \$1000.00 International preliminary examination fee paid to USPTO (37 CFR 1.492 (a) (4)) and all claims satisfied provisions of PCT Article 33(2)-(4) \$100.00 Search Report prepared by the EPO or JPO (37 CFR 1.492 (a) (5)) \$860.00 ENTER APPROPRIATE BASIC FEE AMOUNT =				CALCULATIONS	PTO USE ONLY
				\$ 860.00	
Surcharge of \$130.00 for furnishing the oath or declaration later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(e)).				\$	
Claims	Number Filed	Number Extra	Rate		
Total Claims	54 - 20 =	-34-	x \$18.00	\$ 612.00	
Independent Claims	7 - 3 =	-4-	x \$80.00	\$	
Multiple Dependent Claim(s) (if applicable)			+ \$270.00	\$ 320.00	
TOTAL OF ABOVE CALCULATIONS =				\$ 1792.00	
Reduction by 1/2 for filing by small entity , if applicable. Verified Small Entity statement must also be filed. (Note 37 CFR 1.9, 1.27, 1.28).				\$	
SUBTOTAL =				\$ 1792.00	
Processing fee of \$130 for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f))				\$	
TOTAL NATIONAL FEE =				\$ 1792.00	
Fee of \$40.00 for recording the enclosed assignment (37 CFR 1.21(h)). Assignment must be accompanied by appropriate cover sheet (37 CFR 3.28, 3.31).				\$ 40.00	
TOTAL FEES ENCLOSED =				\$ 1832.00	
				Amt. to be refunded:	\$
				Amt. charged:	\$
a. <input checked="" type="checkbox"/> A check in the amount of \$ <u>1832.00</u> to cover the above fees is enclosed.					
b. <input type="checkbox"/> Please charge my Deposit Account No. <u>06-1358</u> in the amount of \$ _____ to cover the above fees. A duplicate copy of this sheet is enclosed.					
c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge my account any additional fees set forth in §1.492 during the pendency of this application, or credit any overpayment to Deposit Account No. <u>06-1358</u> . A duplicate copy of this sheet is enclosed.					
SEND ALL CORRESPONDENCE TO:					
JACOBSON HOLMAN PLLC 400 7th Street, N.W., Suite 600 Washington, DC 20004 202-638-6666 CUSTOMER NUMBER: 00136					
By <u>Allen S. Melser</u> Allen S. Melser Reg. No. 27,215					